Department of Health
Early Intervention Services

Performance Report

Performance Period October – December 2005

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from October through December 2005.

Data are presented in six performance areas:

- *Enrollment:* Data are provided on the number of children who were served, by island and statewide.
- *Service Gaps:* Data include the number of Part C eligible infants and toddlers who experienced service gaps, by island and statewide.
- *Personnel:* Information on personnel, by island and statewide, is collected to ensure there are sufficient personnel to serve the eligible population. Personnel data for EIS are divided by roles: social work, direct service, and central administration. Caseload data include the number and percentage of social workers that have non-weighted caseloads of no more than 1:35. Personnel data for Healthy Start staff (central administration positions) are provided.
- *Training Opportunities:* Training data include the number of early intervention (EI) staff, families, and other community providers (including Department of Education preschool special education teachers, community preschool staff, etc.) who participated in training activities. Information includes trainings provided or supported by EIS and Healthy Start.
- *Quality Assurance:* Information on quality assurance activities for EIS and Healthy Start are provided.
- *Funding:* Data on appropriations, allocations, and expenditures are provided.

Strengths and challenges to the early intervention system for October through December 2005 are summarized.

Enrollment

Early Intervention Section

Monthly Enrollment

Monthly enrollment data for infants and toddlers served by EIS from October through December 2005 are shown in Table 1.

Table 1. EIS Monthly Enrollment Data

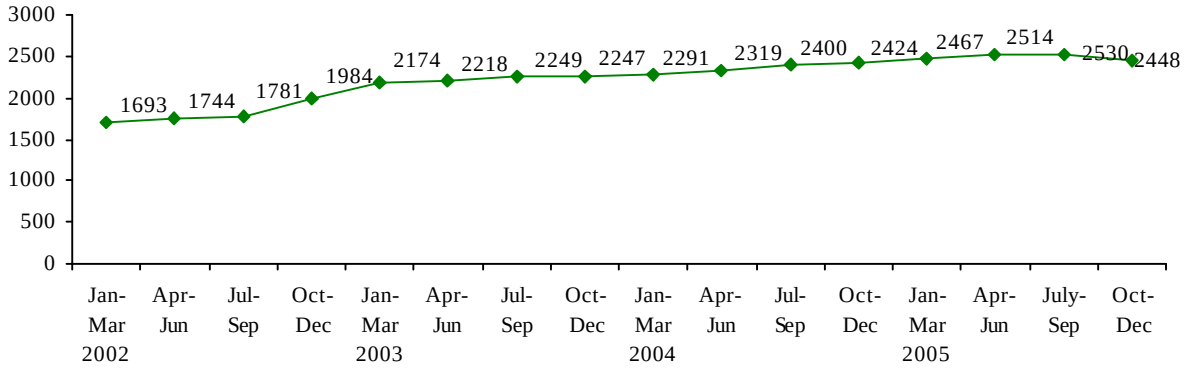
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
October 2005	2551	1787	327	250	153	29	5
November 2005	2534	1734	326	287	153	29	5
December 2005	2505	1684	320	317	151	28	5

Note: Enrollment information includes children provided care coordination by EIS (including Early Childhood Services Programs [ECSP]), Purchase of Service programs (POSP), Public Health Nurses (PHN), and Healthy Start.

Quarterly Enrollment

The quarterly enrollments (average monthly enrollment for the quarter) since January 2002 are shown in Graph 1. Compared to the July-September 2005 quarter, the average enrollment for the October-December 2005 quarter decreased 3%, from 2,530 to 2,448 children. Over the past year, from October-December 2004 to October-December 2005, enrollment has increased 1% statewide.

Graph 1. EIS Quarterly Enrollment from Jan 2002 to December 2005



Child Find

EIS continues to participate in a variety of public awareness activities. However, due to the Public Awareness position vacancy, EIS participated in fewer activities this quarter. The two major events that EIS supported were the Children and Youth Day and the Foster Parents Association Annual Meeting. The Children and Youth Day is open to the public and attracts many young families. The Foster Parents Association Annual Meeting provides support and information to foster families. Additional activities, including disseminating information to physicians on a regular basis, will be implemented when the position is filled. In addition to child find activities, trainings to community preschool teachers, day care providers and other community providers expand the knowledge of early intervention and the referral process to community providers (see section on Training Opportunities).

The EIS website, which was launched in May 2004, continues to expand awareness of Hawaii's early intervention program not only to Hawaii residents, but nationwide. The website has an automatic link to the H-KISS referral form to simplify referrals. The website continues to be expanded to provide other relevant information.

EIS meets regularly with the Department of Human Services Child Welfare Section supervisors to discuss and collaborate on the required referral of infants and toddlers with confirmed child abuse and neglect to H-KISS.

Healthy Start

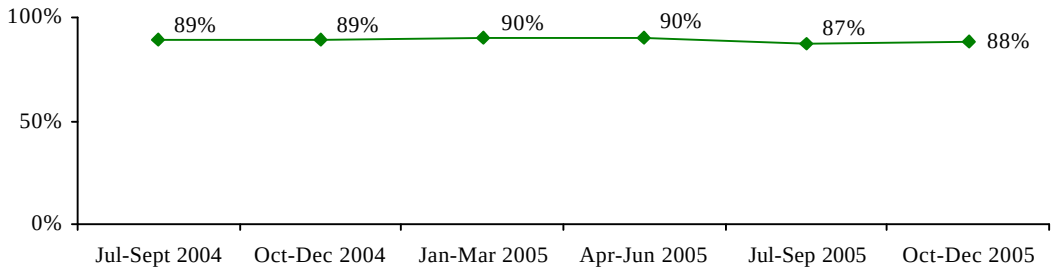
Birth rates for Hawaii for October to December 2005 are as follows:

Month	Births
October	1,227
November	1,274
December	1,035

Screen, Assessment, and Accepted Referral Rates

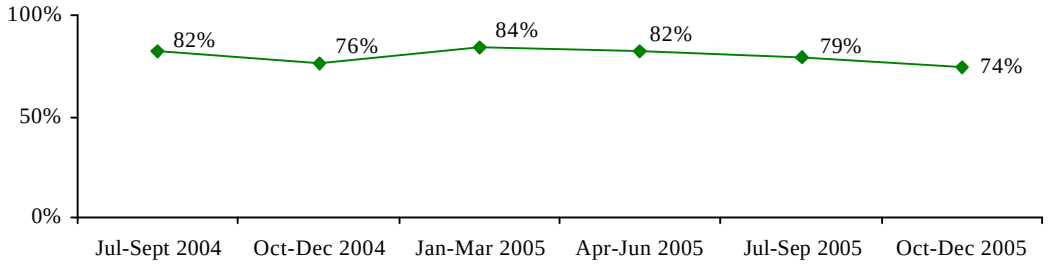
Screen rate: The quarterly early identification (EID) screen rate (Graph 2) has been relatively stable over the past 12 months.

Graph 2. Oahu EID Quarterly Screen Rate July 2004 through December 2005.



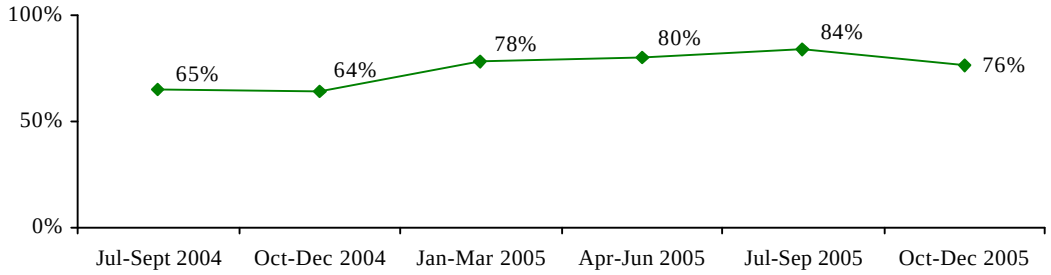
Assessment rate: The quarterly EID assessment rate (Graph 3) has also been relatively stable over the past 12 months. Factors that may contribute to the fluctuation in rate include staff turnover and vacancies. In addition, shorter hospital stays post delivery have resulted in less on-site assessments. Families' names are entered into a phone log and calls for assessment times are made after discharge, but accessing families in this manner is sometimes difficult. Fluctuation in the rate may be particularly true for this quarter as the current, extended POSP draws closer to the end of the contract period and transition to the new statewide POSP is being planned. Continued fluctuation may be evident in the next few quarters while transition is being completed.

Graph 3. Oahu EID Quarterly Assessment Rate July 2004 through December 2005.



Referral rate: The quarterly EID referral rate (Graph 4) has improved over the past year, rising from 64% during the October-December 2004 quarter to 76% this quarter. Again, with the current extended statewide POSP ending, the transition to new the POSP which included some adjustments in census tracts, may cause some fluctuation in referral rates.

Graph 4. Oahu EID Quarterly Referral Rate July 2004 through December 2005.



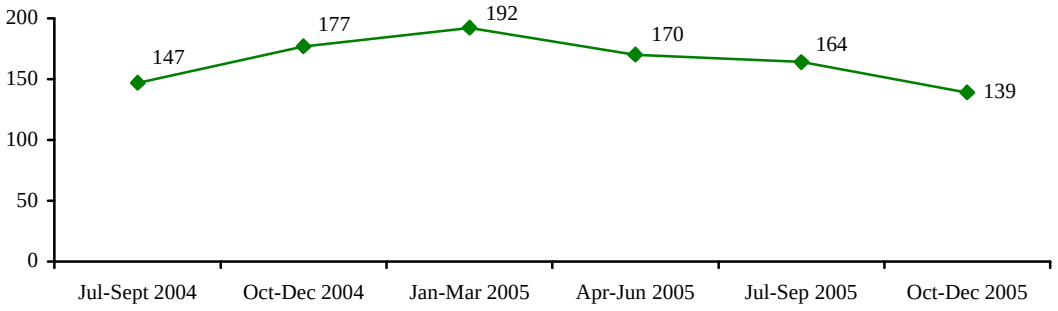
New Enrollment

A total of 416 infants were newly enrolled in home visiting services during this quarter (Table 2), a decrease of 76 from the previous quarter. Factors contributing to fluctuation in enrollment include varying number of births, varying number of positive screens/assessments, voluntary nature of acceptance of referrals to home visiting services, staff turnover, and protocols for addressing barriers to acceptance. The average monthly new enrollment statewide for this quarter is 139 (Graph 5), a decrease of 25 from last quarter.

Table 2. Healthy Start New Enrollment Data from October to December 2005

Month	New Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/ Lanai	Kauai	Molokai
October	173	123	16	9	20	4	1
November	142	100	15	7	11	8	1
December	101	66	12	2	19	1	1

Graph 5. Healthy Start New Monthly Enrollment from July 2004 to December 2005



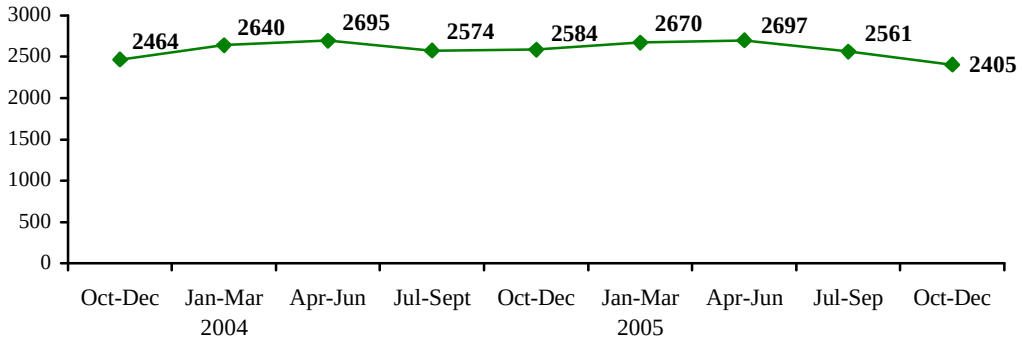
Active Enrollment

The monthly active enrollment (children remaining in home visiting services) is shown in Table 3. The average monthly enrollment per quarter (Graph 6) decreased by 156 children (6.1%) from the first fiscal quarter (July to September 2005). The average active monthly enrollment statewide for this quarter is 2,405.

Table 3. Healthy Start Monthly Active Enrollment for October to December 2005

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/ Lanai	Kauai	Molokai
October	2,491	1,703	204	166	247	112	59
November	2,406	1,649	203	151	232	113	58
December	2,319	1,580	202	140	228	111	58

Graph 6. Healthy Start Average Quarterly Enrollment from October 2003 to December 2005.



Service Gaps

The tables below provide information on service gaps for EIS, PHNB, and Healthy Start providers for October-December 2005. Service gaps are divided into two types: full service gaps where no services were provided to the child, and partial service gaps where alternative services were provided. For children receiving multiple services, when a specific therapist is not available, there is generally a partial service gap, since another therapist, using a transdisciplinary format, will provide services. If the child requires

only 1 service (e.g., speech therapy) and a therapist is unavailable to provide direct services, there will be a full service gap. When this occurs, the care coordinator typically will provide information on activities that the family can use with their child to support his/her development until a provider is available.

Full Service Gaps

The total number of monthly full service gaps increased from 37 full gaps last quarter to 57 full gaps this quarter, affecting 56 children (unduplicated monthly count) as some children had multiple gaps. A total of 46 children (unduplicated quarterly count) had at least one gap over the quarter. (Table 4)

Table 4. Full Service Gaps by Month

Service Gap		October	November	December	Total
Occupational Therapy		2 (Oahu)	0	2 (Oahu) 2 (Maui)	**6 (Oahu)**
Physical Therapy		2 (Oahu) 4 (Maui)	2 (Oahu) 2 (Maui)	3 (Oahu) 1 (Maui)	**11 (Oahu)** **3 (Maui)**
Speech Therapy		5 (Oahu)	2 (Oahu)	29 (Oahu)	**36 (Oahu)**
Special Instruction		0	0	1(Oahu)	**1 (Oahu)**
Total Gaps		**13**	**6**	**38**	**57**
Total Number of Monthly Full Gaps	Oahu	9	4	35	48
	Maui	4	2	3	9
	Hawaii	0	0	0	0
	Kauai	0	0	0	0
	Total	**13**	**6**	**38**	**57**
Total Number of Children *(unduplicated by month)*	Oahu	8	4	35	**47**
	Maui	4	2	3	**9**
	Hawaii	0	0	0	0
	Kauai	0	0	0	0
	Total	**12**	**6**	**38**	**56**
Total Number of Children *(unduplicated by quarter)*	Oahu				39
	Maui				7
	Hawaii				0
	Kauai				0
	Total				**46**

Partial Service Gaps

The total number of monthly partial service gaps (Table 5) decreased slightly from 204 partial gaps last quarter to 196 this quarter, affecting 188 children (unduplicated monthly count). One hundred fifteen (115) children experienced at least one gap during the quarter, lower than the 138 children last quarter.

Table 5. Partial Service Gaps by Month

Service Gap		October	November	December	Total
Occupational Therapy		1 (Oahu) 1(Maui) 2 (Lanai)	3 (Oahu) 6 (Maui)	2 (Oahu) 1 (Maui)	**5 (Oahu)** **8 (Maui)** **2 (Lanai)**
Physical Therapy		5 (Oahu) 10 (Maui)	3 (Oahu) 5 (Maui)	7 (Oahu)	**15 (Oahu)** **15 (Maui)**
Special Instruction		4 (Oahu)	2 (Oahu)	5 (Oahu)	**11 (Oahu)**
Speech Therapy		26 (Oahu) 2 (Lanai)	21 (Oahu) 2 (Maui)	61 (Oahu) 3 (Maui)	**108 (Oahu)** **5 (Maui)** **2 (Lanai)**
Vision Services		3 (Oahu)	3 (Oahu)	4 (Oahu)	**10 (Oahu)**
Social Work Services		0	0	4 (Oahu)	**4 (Oahu)**
Psychological Services – Skills Trainer		0	2 (Oahu)	0	**2 (Oahu)**
Family Training, etc.		2 (Oahu)	3 (Oahu)	3 (Oahu)	**8 (Oahu)**
Interpreter Services		0	0	0	**0**
Total		**56**	**50**	**90**	**196**
Total Number of Partial Gaps	Oahu	41	37	86	**163**
	Maui	11	13	4	**28**
	Hawaii	0	0	0	**0**
	Lanai	4	0	0	**4**
	Total	**56**	**50**	**90**	**196**
Total Number of Children *(unduplicated by month)*	Oahu	40	37	85	162
	Maui	10	13	0	23
	Hawaii	1	0	0	1
	Lanai	2	0	0	2
	Total	**53**	**50**	**85**	**188**
Total Number of Children *(unduplicated by quarter)*	Oahu				91
	Maui				22
	Hawaii				0
	Lanai				2
	Total				**115**

Reasons for Gaps

There are several reasons for gaps consistent across islands:

Staff Shortages and/or Vacancies. The main reason for gaps (both full and partial) continues to be staff vacancies. This continues to be particularly relevant in the area of speech-language therapy on Oahu and physical therapy on Oahu and Maui. Imua Family Services (Maui's early intervention provider) is continually recruiting for additional staff, but is having difficulty due to its neighbor island location and salary differentials between Maui and the mainland. One program also experienced 2 SLP staff on maternity leave, which greatly impacted the provision of speech-language pathology services.

Vacation/Sick Leave. Gaps also occur when staff is on vacation and/or sick leave, as there generally are not additional providers to fill in and meet service requirements. As noted in the section above, programs usually respond by revising schedules so that all children receive at least some services identified, but this still results in a partial service gap.

Providing Services on Weekends or After Work Hours and at Homes of Families. Another reason for gaps is the inability to provide services on weekends or after work hours and at families' home, to meet family needs. While programs attempt to schedule services at times and places convenient to families, there are generally fewer service options during weekends and after hours. Also, with increasing numbers of children and vacant positions, program staff may not always be available to provide home-based services. Programs will generally try to serve the child during work hours and at their center while they work them into their "after hours" and/or "at home" schedule. This is not always possible and the result is a service gap.

Scheduling Errors/Lack of Documentation. On occasion, program staff will inadvertently not contact a family to schedule a service identified on the IFSP. As soon as this is identified, the family is contacted to schedule the missing appointment, but it may still result in a service gap. Similarly, staff may not document that the service did occur, resulting in difficulty confirming that the service occurred.

Actions to Reduce Gaps

1) With the increase of children referred to POS programs, not only from H-KISS, but also from other care coordinators (PHNB and Healthy Start), the POS programs are in the process of recruiting for additional staff. As noted above, recruiting is both a time-intensive and expensive process as it entails advertising in mainland papers and discipline-specific journals. Many POS programs have increased their salary ranges and have offered signing bonuses in order to attract and retain therapists.

2) EIS continues to work with EI program staff to review different service delivery models, including the use of transdisciplinary services, with consultation by other therapists, to meet the outcomes listed on the IFSP. While many children enrolled in early intervention programs receive transdisciplinary services, some therapists do not use this service option. There will be a focus of additional training in the transdisciplinary service delivery method to ensure that recommended IFSP services are appropriate.

All children served at early intervention programs (unlike children receiving services from fee-for-service providers), who had a partial service gap, received other services, generally through a transdisciplinary model of service delivery to support the overall needs of the child and family.

Personnel

Goal: 90% of EIS social work positions are filled.

EIS has a total of 48 social work (SW) positions statewide. Forty-four (44) positions provide care coordination services. The remaining 4 positions are administrative and are included in the data on administrative positions. At the end of December 2005, 35 of the 44 state social worker/care coordinator positions, or 80%, were filled. Vacant positions were on Oahu (3 [EIS]), Maui (2), and Hawaii (4) [Hilo [3] and North Hawaii (1)]. Now that the changes in the recruitment process have stabilized, all 3 EIS SW positions will be filled by the end of January 2006, with 2 full-time staff and one 0.5 FTE emergency hire SW student. Recruitment has been more difficult on the islands of Hawaii and Maui, as

DOH social workers have recently resigned for positions in the private sector, which has more flexibility regarding salary and benefits. Two additional Maui social workers have submitted their resignations and are expected to leave their positions in January and March 2006. Applicants were interviewed for a Hilo position, and a recommendation was submitted.

Because of the recruitment difficulties on Hawaii and Maui, and the impact of vacant positions on meeting state and federal timelines and other requirements, additional positions have been allocated to private purchase-of-service programs.

The following table provides information on the 44 DOH social worker/care coordinator positions, by island and statewide as of December 2005.

Table 6. Percentage of EIS Social Work/Care Coordinator Positions that are Filled, by Island, as of December 2005.

Island	EIS SW Positions Total #	EIS SW Positions Filled #	EIS SW Positions Filled %
Oahu	29	26	90%
Hawaii	7	3	43%
Maui	5	3	60%
Kauai	3	3	100%
Total	**44**	**35**	**80%**

The following table provides information on the approved POS social worker/care coordinator positions, by island and statewide as of December 2005.

Table 7. Percentage of POS Social Work/Care Coordinator Positions that are Filled, by Island, as of December 2005.

Island	POS SW Positions Total FTE	POS SW Positions Filled FTE	POS SW Positions Filled % FTE
Oahu	11.5	8.5	74%
Hawaii	1	1	100%
Maui	2	2	100%
Kauai	0	0	--
Molokai	.5	.5	100%
Total	**15**	**12**	**80%**

EIS works closely with the District Health Officers and the POS Program Managers to be aware of personnel changes and to problem-solve with them.

Goal: 90% of EIS direct service positions are filled.

EIS has 44 direct service positions statewide. These positions include early intervention therapists (speech-language pathologists, occupational therapists and physical therapists), psychologists, special education teachers, vision and hearing specialists, a nutritionist, and paraprofessionals. Not included are the Early Childhood Services Unit (ECSU) supervisor and ECSP Managers, as they spend the majority of their time providing administrative supervision and support to program staff. They are included in the count of administrative positions in Table 9. At the end of December 2005, 36 of the 44 direct service positions, or 82%, were filled. Table 8 below provides information on direct service positions statewide and by island.

Table 8. EIS Direct Service Positions by Island, as of December 2005.

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions
Oahu	38	32	84%	OT III-1, PT III-1, PMA II-1; SLP-3
Hawaii	6	4	67%	OT III; SLP IV-1
Total	**44**	**36**	**82%**	–

Note: PT = physical therapist; SLP = speech-language pathologist; PMA = paramedical assistant

In addition to EIS direct service staff, EIS has over fifty contracts with fee-for-service providers who support the direct service staff. There are two groups of fee-for-service providers. The first group consists of OT, PT, and SLP providers. These providers support the ECSP programs when there are staff vacancies and/or increases in referrals that cannot be met by the ECSP staff. They also help support the EIS Care Coordination Unit children, by providing direct services to the children not served by early intervention programs. The need for these providers has decreased now that the three new POS early intervention programs are operational and other POS programs (e.g., Sultan Easter Seals) have increased the number of children they serve.

The other group of fee-for-service providers include audiologists, intensive behavioral support staff (who serve children with autism), and psychologists (who support EIS psychologists, etc.). The need for these individuals has not decreased as the number of children with autism has not decreased.

Goal: 90% of EIS and Healthy Start central administration positions are filled.

Early Intervention Section

EIS has 61 administrative positions statewide, including unit supervisors and specialists in the areas of contracts, internal service testing, public awareness and training, computer support staff, accounting staff, clerical and billing staff, and the Public Health Administrative Officer (PHAO). Also included in the count of administrative positions are the Social Worker V who supervises the Care Coordination Unit social workers, two Social Worker II positions who support H-KISS, the Social Worker IV on the island of Hawaii who supervises seven social workers, ECSU supervisor, ECSP managers, the five Children & Youth (C&Y) Specialist IV positions who support quality assurance activities statewide and the statewide coordinator for the Newborn Hearing Screening Program.

Of the 61 administrative positions, 54 (89%) are filled. All vacant positions are on Oahu, which includes: 4 staff to support third party billing; 1 clerk-typist to support the general administration of EIS; the C&Y IV for Public Awareness/HEICC; and the Early Hearing Detection Coordinator that supports the "Baby HEARS" grant. The state requirement to re-describe exempt positions to civil service positions has impacted timely recruitment.

Table 9 provides information on the administrative positions statewide and by island:

Table 9. EIS Administrative Positions by Island, as of December 2005.

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	55	48	87%	Clerk-Typist; Billing Clerks-3; Third Party Billing Clerk; Child & Youth Specialist (HEICC); Early Hearing Detection Coordinator
Hawaii	5	5	100%	–
Maui	1	1	100%	–
Total	**61**	**54**	**89%**	–

Healthy Start

Healthy Start has 9 administrative positions on Oahu: Program Head, Registered Nurse, Social Worker, Child and Youth Specialist, Research Statistician, Statistics Clerk, Accountant, Account Clerk, and Clerk Steno staff. At the end of December 2005, 78% of Healthy Start administrative positions were filled which is an increase over last quarter's 44%. The Social Worker position is currently being reviewed for approval as this position was converted from the previously exempt Quality Assurance position and the Accountant position is presently under recruitment. Anticipated needs include the Statistics Clerk position which will be vacated on 1/18/06.

Goal: 90% of EIS caseloads will be no more than 1:35 (non-weighted).

Last quarter's report discussed the decision that was made to revise the caseload standard from a weighted caseload of 1:45 to a non-weighted caseload standard of 1:35 to help meet the increased requirements of the social workers/care coordinators. It is expected that once the additional positions provided to the POS programs are filled (Table 7), the concerns raised by EIS and public and private programs about the lack of sufficient time to support family needs, complete paperwork, meet required state and federal timelines, and support the Comprehensive Developmental Evaluation process will be met.

Table 10 provides information on the percentage of social workers, by island, that have a current caseload of no more than 1:35. This is expected to increase as the above positions are filled. Data are provided on the 47 filled positions. This includes the 3 SW IV supervisory positions on Oahu and the 1 SW IV supervisory position on Hawaii who are intended to provide training and supervision, but are providing care coordination due to vacant positions. Although the percentage with no more than 1:35 caseload is only 39%, it increased from last quarter, which was 27%.

Table 10. Social Work Positions (DOH and POS) with Non-Weighted Caseloads Not More than 35, by Island, as of December 2005.

Island	# Social Workers Providing Care Coordination as of December 2005	Number with Caseloads No More than 35	Percent with Caseloads No More than 35
Oahu	33	11	33%
Hawaii	6	4	66%
Maui & Lanai	4	0	0%
Kauai	3	2	66%
Molokai	1 (.5 FTE)	1	100%
Total	**46**	**18**	**39%**

Table 11 provides information on the status of care coordination ratio if all positions were filled, including the new positions.

Table 11. Projected Average Caseloads When All the Social Work Positions (DOH and POS) are Filled and Providing Care Coordination

Island	# Social Worker Positions for Care Coordination	%FTE Social Worker Positions for Care Coordination	Total Caseload *	Average Caseload (Projected)
Oahu	38**	37.5	1355	36
Hawaii	8**	8.0	248	31
Maui & Lanai	7**	7.0	213	30
Kauai	3	3.0	106	35
Molokai	1	.5	12	24
Total	**57**	**56.0**	**1934**	**34.5**

* Does not include children they provide liaison for which the social workers are liaisons with public health nurses and Healthy Start Family Support Workers when they serve children in common.

**Does not include SW IV supervisory positions (3-Oahu; 1-Hawaii; 1-Maui)

It appears that the strategies undertaken, as described below, to support decreased caseloads will be successful when all positions are filled. EIS will continue to actively monitor caseloads and make adjustments when necessary.

Actions to Support Care Coordination

1) Contract modifications are in place to support the POS programs to hire additional social work/care coordinators.
2) As more children are referred to community-based early intervention programs, the EIS social work positions have been assigned to support ECSP and POS programs.
3) EIS is closely monitoring the boundaries of the state Early Childhood Services Programs (ECSP) to ensure they can meet the needs of their enrolled children. When caseloads exceed what is appropriate, the boundaries between the ECSP and neighboring POS programs are reviewed and revised, if allowable by the current POS contracts.
4) Other early intervention staff (program managers and direct service staff) continue to support care coordination when there are social worker/care coordinator vacancies. This is a short-term solution as it can result in more service gaps if the direct service providers reduce their direct service time to assist in providing care coordination.

5) Overtime has been approved for EIS care coordinators so they can meet the needs of their families served and complete necessary paperwork. It is expected as the new positions are filled, overtime will no longer be needed.
6) Social workers/care coordinators have acted as liaisons with public health nurses and Healthy Start Family Support Workers when they serve children in common. EIS is working with the early intervention programs to support other staff acting in this liaison role, which will further decrease caseloads numbers.
7) Public health nurses (PHNs) continue to provide care coordination primarily for infants and toddlers with medical conditions and concerns, but also to children referred from Child Welfare Services due to drug exposure. Regular meetings with PHNB are scheduled to review the care coordination needs of infants and toddlers with medical concerns.

Training Opportunities

Early Intervention Section

Training provided and/or supported by EIS for October-December 2005 impacted 640 early interventionists, public health nurses, Healthy Start providers, Early Head Start staff, fee-for-service providers, community preschool staff, other community providers, and family members. Following is a list of training topics and number of attendees during this quarter:

- **Training on New Statewide Required Forms**
  The Early Intervention Section developed a set of forms to be used by all programs that serve IDEA Part C children, including EIS, PHNB, and Healthy Start. To help ensure that the forms were implemented correctly, trainings were provided, statewide, to all early intervention providers. Eight trainings were scheduled, 3 on Oahu, 2 on the island of Hawaii (Hilo and Kona) and 1 each for the islands of Kauai, Maui and Molokai. A total of 144 staff was trained.

- **Training on the Hawaii Early Learning Profile (HELP)**
  One hundred forty-six (146) EIS care coordinators, public health nurses and Healthy Start Child Development Specialists, statewide, received training on the HELP, which is used to determine eligibility for Part C and to support the development of the IFSP. As a result of this training, it is expected that staff will take a more active role as a member of the multi-disciplinary team to determine eligibility.

- **Promoting Social-Emotional Competence.** The Keiki Care Project Coordinator was involved in three sets of workshops designed to train child care providers and Head Start staff on curriculum developed to promote healthy emotional, regulatory and social development in young children. The second and final event in a series of two train-the-trainers activities was attended by 37 individuals. The curriculum was also shared with 61 Head Start specialists and administrators on the island of Hawaii and 64 Sea Gull Schools staff, for a total of 162 staff.

- **Supporting Children with Challenging Behaviors and Autism.** The Keiki Care Project Coordinator continued to provide trainings to support staff serving

young children with challenging behaviors. Because a major focus this past quarter for the Keiki Care Coordinator was training on curriculum, there was only one workshop specific to a preschool program, the Hickam Airforce Base Child Development Center, where 25 staff was impacted. In addition, a training on "Overview: Challenging Behaviors, Sensory Integration, and Autism was presented to 9 staff of the Kona ECSP.

- **Supporting Infants, Toddlers with Hearing Loss and their Families.** The EIS Specialist for Children with Hearing Loss provided a variety of training and family support activities. A "Ohana Time" Family Support Meeting was provided to 10 families on Maui, and an overview of the various project activities was shared at the Program Manager meeting to 30 EI staff. Individual consultations impacted 10 staff. A total of 40 staff and 10 families increased their knowledge in the area of hearing.

- **Assistive Technology.** Trainings on computer activities and adaptations impacted 15 staff on Maui, 20 UCP Board members, and 20 students enrolled in a special education class.

- **Other Trainings.** There were two workshops on men in early childhood education. The first, "*Recruiting, Supporting, and Retaining Men in Early Childhood Education* was given at the Hawaii State Early Childhood Conference for 10 attendees. A workshop on gender equity impacted 30 individuals in a national conference held in Washington D.C.

- **Supporting DHS's Understanding of H-KISS.** A follow-up training was provided to approximately 20 DHS Supervisors on the H-KISS system, to support direct referrals of young children with confirmed abuse and neglect into the early intervention system.

- **Informal Trainings/Consultants.** In addition to the more formal training discussed above, staff often provide informal, in-person and telephone support to families and staff of early intervention programs and community preschools.

Healthy Start

The Healthy Start POSP began Intensive Role Specific training for all core Healthy Start program staff including Family Assessment Workers, Family Support Workers, Clinical Specialists, Child Development Specialists, and Clinical Supervisors. Core Family Support Worker training was conducted on October 31, 2005 to November 4, 2005 by the Healthy Families America Director of the Western Regional Resource Center. Early Identification Core Role Specific Training was conducted on December 5, 2005 to December 9, 2005 by a credentialed Healthy Families America facilitator/consultant. On December 7, 2005 to December 8, 2005, training was conducted on the Healthy Start Delivery System for the Prevention of Child Abuse and Neglect.

Training specific to Early Intervention was incorporated in the basic role specific training for Family Support Workers. Per agreement, the trainer utilized for the Early Intervention System was trained through the Staff Development Coordinator at EIS.

Quality Assurance

Early Intervention Section

The EIS has two major quality assurance focuses. The first is that of the lead agency for Part C, which must assure to the Office of Special Education Programs (OSEP) that all programs that serve Part C eligible children (EIS, PHNB, Maternal and Child Health Branch [MCHB] Healthy Start) meet compliance with Part C. This is achieved though the development and implementation of statewide monitoring and data collection. EIS works closely with administrators of EIS, PHNB, and MCHB who have the responsibility to monitor and gather data from all their programs.

The second focus is to assure that all children under the age of 3 with developmental delays and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs and that all services are provided in conformance with federal IDEA Part C and state requirements.

The development of a statewide monitoring system for all Part C programs is due to feedback received from OSEP (July 6, 2005) on the following areas of non-compliance: 1) not ensuring that the State's monitoring process adequately identified and corrected areas of non-compliance; 2) not providing all children with timely Comprehensive Developmental Evaluations (CDE); 3) not including complete information on "Present Level of Development" in IFSPs; and 4) not providing timely transition activities, including Transition Plans, Transition Conferences, Transition Notices. EIS, as lead for Part C was required to submit two Special Conditions Reports on the progress the state has made to meet compliance, due November 21, 2005 and April 14, 2006.

EIS monitored all its public and POS programs during September 2005 to support the first Special Conditions Report (#1 above). All Agencies (EIS, PHNB, MCHB) collected monthly data to support #2-4 above. The first Special Conditions Report reported data summarized by each program/section. To support the second report, EIS will do an additional monitoring in January 2006 and PHNB and MCHB will each monitor their programs twice (as they did not have the capacity to monitor in September 2005). The data are being reviewed for inclusion in the Special Conditions Report due to OSEP in April 2006. There will continue to be an emphasis, by all Agencies, to work with their programs on compliance issues.

Child/Family Outcomes
Activities will continue to determine the effectiveness of EI in supporting outcomes of children and their families.

Internal Reviews
Internal Reviews (which utilize the Felix Service Testing protocol) provide the opportunity for an objective observation of a child's and family's progress and to what extent the system supports the child and family and will continue. However, because of the need to assure smooth transitions, the focus this year will be on children who are either in the transition process to DOE Preschool Special Education or were recently transitioned. This will provide additional information to both confirm that Part C

children are being provided the required transition activities and to examine the collaboration between Parts B and C in the area of transition.

Efforts to Support Concerns Raised During Internal Reviews: EIS developed new procedures, which began in September 2005, to provide feedback to the agencies that provide care coordination and/or services to children reviewed so they can improve practice.

- The EIS Internal Review Coordinator will summarize the results from each review (regardless of whether the child passes or fails) for the care coordinating Program/Section. Information provided will include strengths, needs, and recommendations.
- There will be increased involvement with the Complex Improvement Process. This is being developed in conjunction with the DOE.
- Action plans will be developed and added to the Program's Improvement Plan if a child does not pass either the Child or System Review.

In addition, EIS is now represented on the Interagency Quality Assurance Committee to support interagency collaboration in the area of quality assurance. Other members include representatives of the Department of Education, DOH Developmental Disabilities Division, DOH Child and Adolescent Mental Health Division, Department of Human Services Child Welfare System, and Hawaii Families as Allies.

Participation in Nationwide Efforts to Identify Appropriate Child and Family Outcomes
Hawaii's Part C Coordinator continues to participate in a workgroup organized by the Early Childhood Outcomes (ECO) Center to identify appropriate child and family outcomes that will be presented to OSEP as possible nationwide child and family outcomes. In addition, the Stanford Research Institute (SRI) in collaboration with EIS submitted and received funding for a grant proposal to identify and pilot outcome indicators with all Hawaii's Part C programs. Hawaii may choose to utilize the national outcomes being developed, or expand these to be more specific to Hawaii's population.

Roles and Responsibilities of EIS Quality Assurance Specialists
The 5 Quality Assurance (QA) Specialists continue to expand their roles in the area of quality assurance through the following activities/strategies to support compliance:

- Monitor child charts.
- Review quarterly monitoring data with Program Managers to help determine how to increase compliance.
- Support programs in developing and implementing Improvement Plans to meet identified needs based on monitoring results.
- Facilitate statewide IFSP trainings.
- Participate in collaborative meetings for staff of different agencies that serve the same child (e.g., Imua Family Services, Healthy Start, and PHNB).
- Act as a resource regarding IDEA Part C requirements.
- Participate in the Internal Review process.
- Attend DOE Complex/District Quality Assurance meetings.
- Participate in STEPS teams.
- Attend Community Council meetings.
- Attend EIS Program Manager meetings to support their understanding of issues that impact all early intervention programs.

Healthy Start

In an effort to more efficiently monitor compliance to IDEA/OSEP regulations, the program's data management system was revised. Monthly monitoring for timely compliance with comprehensive developmental evaluations, documentation of the child's level of development, and appropriate and timely development of transition plans can now be monitored electronically. In addition to routine monthly monitoring, on-site monitoring was conducted at each program site during November and December, 2005. Monitoring data are in the process of being aggregated and analyzed and each program will be asked to respond with a plan of correction. A second on-site monitoring is planned for the next quarter in an effort to reach 100% compliance with all OSEP requirements.

Funding

Early Intervention Section

A total of $8,680,021 was appropriated and $8,799,576 was allocated for FY 2005. A total of $8,900,021 was appropriated and $9,015,021 was allocated for FY 2006. The differences in both years was due to additional funds authorized by the Legislature for collective bargaining increases. The majority of the first quarter allocation supports POS and fee-for-service contracts.

Table 12. EIS Allocations and Expenditures/Encumbrances – State Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal Year 2005			
1st quarter – July-Sept. 2004	5,260,161	5,260,161	5,315,096
2nd quarter – Oct.-Dec. 2004	1,345,500	6,605,661	6,818,039
3rd quarter – Jan.-Mar. 2005	1,105,500	7,711,161	8,008,813
4th quarter – Apr.-June 2005	1,088,415	8,799,576	9,377,245
Fiscal Year 2006			
1st quarter – July-Sept. 2005	5,298,381	5,298,381	5,404,284
2nd quarter – Oct.-Dec. 2005	1,390,000	6,688,381	6,809,242 [2]
3rd quarter – Jan.-Mar. 2006	1,185,000	7,873,381	
4th quarter – Apr.-June 2006	1,141,640	9,015,021	

[1] Source: Financial Accounting and Management Information System (FAMIS) report.
[2] Information as of 12/31/05.

EIS also receives federal Part C funds (Table 13) for early intervention services. These funds decreased from $2,194,384 for FY 2005 to $2,160,317 in FY 2006.

Table 13. EIS Allocations and Expenditures/Encumbrances – Federal Part C Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
Fiscal Year 2005			
1st quarter – July-Sept. 2004	995,671	995,671	663,772
2nd quarter – Oct.-Dec. 2004	416,515	1,412,186	686,145
3rd quarter – Jan.-Mar. 2005	426,000	1,838,186	1,054,774
4th quarter – Apr.-June 2005	428,227	2,266,413	1,358,875
Fiscal Year 2006			
1st quarter – July-Sept. 2005	1,113,693	1,113,693	750,228
2nd quarter – Oct.-Dec. 2005	448,500	1,562,193	980,581 [2]
3rd quarter – Jan.-Mar. 2006	445,000	2,007,193	
4th quarter – Apr.-June 2006	450,898	2,458,091	

[1] Source: FAMIS Report
[2] Information as of 12/30/05.

Healthy Start

In FY 2006, a total of $13,877,435 in State funds and EIS Special funds were appropriated and allocated. There are $11,877,435 in state funds, $2,000,000 EIS Special Funds, and a reduction of Tobacco funds from $5,247,667 to $0.

Table 14. Healthy Start Allocations and Expenditures/Encumbrances (Source: FAMIS report)

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter
Fiscal year 2005 [1]			
1st quarter – Jul.-Sept. 2004	16,363,548	16,363,548	16,825,456
2nd quarter – Oct.-Dec. 2004	87,185	16,450,733	15,682,408
3rd quarter – Jan.-Mar. 2005	(512,815) [2]	15,937,918	15,860,660
4th quarter – Apr.-June 2005	87,184	16,025,102	15,841,582
Fiscal year 2006			
1st quarter – Jul.-Sept. 2005	11,615,881	11,615,881	5,091,227
2nd quarter – Oct.-Dec. 2005 [3]	2,087,185	13,703,066	7,621,752
3rd quarter – Jan.-Mar. 2006	87,185	13,790,251	
4th quarter – Apr.-June 2006	87,184	13,877,435	

[1] State funds $11,877,435 + Tobacco funds $4,747,667.
[2] 3rd Quarter allocation of $87,185 less $600,000 transferred out to EIS in March 2005.
[3] Information as of 11/30/05.

Summary

Strengths in the early intervention system from October-December 2005 include:

- ⇨ Training on a set of common forms to support all Part C providers occurred. The use of these forms will support compliance with IDEA Part C regulations, as procedures will be consistent across agencies.
- ⇨ EIS, PHNB, and MCHB are collaborating extensively to ensure that programs are aware of changes that must be implemented to support Part C compliance.
- ⇨ EIS, PHNB, and MCHB are utilizing the same monitoring processes to report compliance to OSEP.
- ⇨ A decision was made to review one "transition" child during School Year 2005-2006 Internal Reviews to help support improved transition.
- ⇨ Additional social worker/care coordinator positions have been provided to POS programs to help reduce the care coordination ratio to the approved 1:35 ratio.
- ⇨ All Part C programs are working diligently to correct the areas of non-compliance identified by OSEP.
- ⇨ Medicaid reimbursements for EI services were received and have been used to support the EIS deficit.
- ⇨ Dedicated direct service staff at EIS and public and private early intervention programs is working diligently to meet the needs of the expanding number of children identified with developmental delays statewide and their families.
- ⇨ On-going meetings between EIS, Healthy Start, and PHN staff support collaboration and continuity for Hawaii's Part C eligible children.
- ⇨ On-going collaboration with DOE support the transition of children from DOH Part C programs to DOE preschool programs.
- ⇨ Both an emergency budget and supplemental budget will be presented to the legislature for funding to support the EIS deficit. Both bills have been supported by the DOH administration and the Office of Budget and Finance.

Challenges to the early intervention system from July-September 2005 include:

- ⇨ Hawaii Part C has not met the required IDEA Part C compliance, and Special Conditions were attached to the Federal FY 2005 Grant Award.
- ⇨ Increased monitoring is necessary to determine if the non-compliance is corrected.
- ⇨ There is not one unified Part C data system to track Part C children or to gather monthly data. Each Agency must adapt or develop its own system to collect the required data. The multiple systems impact the ease of analyzing data to determine the strengths and needs of the EI system.
- ⇨ Employment and retention of experienced early intervention staff impacts the ability to meet OSEP requirements.
- ⇨ Costs exceed the budgeted amount for EIS.
- ⇨ Continued training is needed for Healthy Start agencies on strategies and quality improvement efforts to meet standards.